

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Occupational Therapists
Managed Care Plans

Memorandum No: 04-45 MAA
Issued: June 14, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Supersedes: 03-43 MAA

Subject: Occupational Therapy Program: Fee Schedule Changes

Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs); and
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes.

Maximum Allowable Fees

MAA is updating the Occupational Therapy Program fee schedule with Year 2004 RVUs. The maximum allowable fees have been adjusted to reflect these changes. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Attached is updated replacement page 9/10 for MAA's Occupational Therapy Program Billing Instructions, dated July 1999. **Note: Page 10 has no changes. We are including page 10 because it is attached to the back of page 9.** To obtain MAA's numbered memoranda and billing instructions electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

Procedure Code	Brief Description	July 1, 2004 Maximum Allowable	
		Non Facility Setting	Facility Setting
64550	Apply neurostimulator	\$11.11	\$5.44
97003	OT evaluation	48.06	37.41
97110	Therapeutic exercises	17.46	17.46
97112	Neuromuscular reeducation	17.46	17.46
97113	Aquatic therapy with therapeutic exercises	19.95	19.95
97504	Orthotic training	18.59	18.59
97520	Prosthetic training	17.00	17.00
97530	Therapeutic activities	17.68	17.68
97532	Cognitive skills development	14.96	14.96
97533	Sensory integration	15.64	15.64
97535	Self care mngment training	18.14	18.14
97537	Community/work reintegration	16.55	16.55
97703	Prosthetic checkout	15.42	15.42

CPT codes and descriptions are copyright 2003 American Medical Association

(Revised July 2004)

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Billing

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Billing

What is the time limit for billing?

State law requires that you present your final bill to MAA for reimbursement no later than 365 days from the date of service. (RCW 74.09.160)

- **For eligible clients:** Bill MAA within 365 days after you provide a service(s).
- **For clients who are not eligible at the time of service, but are later found to be eligible on the date of service:** Bill MAA within 365 days from the Retroactive¹ or Delayed² certification period.
- **MAA will not pay if:**
 - ✓ The service or product is not covered by MAA;
 - ✓ The service or product is not medically necessary;
 - ✓ The client has third party coverage, and the third party pays as much as, or more than MAA allows for the service or product; or
 - ✓ MAA is not billed within the time limit indicated above.

What fee should I bill MAA for eligible clients?

Bill MAA your usual and customary fee.

¹ **Retroactive Certification:** An applicant receives a service, then applies to MAA for medical assistance at a later date. Upon approval of the application, the person is found to be eligible for the medical services at the time he or she received the service. The provider **MAY** refund payment made by the client and then bill MAA for these services.

² **Delayed Certification:** A person applies for a medical program prior to the month of service and a delay occurs in the processing of the application. Because of this delay, the eligibility determination date becomes later than the month of service. A delayed certification indicator will appear on the MAID card. The provider **MUST** refund any payment(s) received from the client for the period he/she is determined to be Medicaid-eligible, and then bill MAA for those services.